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***PROVIDER BULLETIN***

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**EHR SURVEY**

Please click the link below to complete a short survey. We expect your participation to take 5 minutes or less.

This survey is confidential and secure, the information provided helps us to understand how we may work more closely together to achieve efficiencies.

Please include your contracted practice tax ID number (TIN) so that we may match up your response to the correct practice.

[https://www.surveymonkey.com/r/Preferred\\_IPA\\_EHR\\_Survey](https://www.surveymonkey.com/r/Preferred_IPA_EHR_Survey)

Thank you for your feedback and your continued support of Preferred IPA.

**QUESTIONS?**  
**CONTACT PROVIDER RELATIONS AT**  
**818-265-0800**